

REGIONAL SCHOOL DISTRICT NO. 7

****STUDENT FOOD SERVICE DISENROLLMENT FORM****

*Please email the completed form to: dbarrett@nwr7.org

Date: _____

****Please check one: ****

☐

Refund

☐

Transfer

Student Name: _____ Student ID # _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Phone Number: _____

I am requesting the remaining food service balance be: ****(Please select one option below)****

****Option 1:**** Reimbursed by check via U.S. mail ☐

☐ Name of Parent/Guardian: _____

☐ Mailing Address: _____

****Option 2:**** Transferred to a sibling ☐

☐ Sibling's Name: _____

☐ Student ID #: _____ ☐ Grade: _____

****Option 3:**** Donated to support RSD#7 families in need with negative balances

☐

I authorize donation of the remaining balance to assist RSD#7
assist RSD#7 families in need with negative balances

*****Important:** If we do not receive this form by **June 1, 2027** for a graduating student, any remaining funds will be donated to support families in need within Regional School District No. 7.***

Please complete, download, save, and email to dbarrett@nwr7.org